SOUTHERN WISCONSIN CENTER FOR DD

21425 SPRING ST

UNION GROVE	53182	Phone: (262) 878-2411	=	Ownership:	State
Operated from	1/1 To 12/31	Days of Operation:	365	Highest Level License:	FDDs
Operate in Con	junction with	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds	Set Up and St	affed (12/31/03):	263	Title 18 (Medicare) Certified?	No
Total Licensed	Bed Capacity	(12/31/03):	270	Title 19 (Medicaid) Certified?	Yes
Number of Resi	dents on 12/31	./03:	262	Average Daily Census:	264

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (12/31/03)	Length of Stay (12/31/03)	왕
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis			%		2.3 1.5
Supp. Home Care-Household Services	No	Developmental Disabilities	100.0	Under 65	95.0	More Than 4 Years	93.9
Day Services	No	Mental Illness (Org./Psy)	0.0	65 - 74	4.2		
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	0.8		97.7
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	0.0	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	0.0	Full-Time Equivalent	
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Res	idents
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/03)	
Other Meals	No	Cardiovascular	0.0	65 & Over	5.0		
Transportation	No	Cerebrovascular	0.0			RNs	11.6
Referral Service	No	Diabetes	0.0	Gender	%	LPNs	3.6
Other Services	No	Respiratory	0.0			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	0.0	Male	71.4	Aides, & Orderlies	118.1
Mentally Ill	Yes			Female	28.6	1	
Provide Day Programming for			100.0			I	
Developmentally Disabled	Yes			i İ	100.0		
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Method of Reimbursement

		edicare itle 18			edicaid itle 19			Other		P	rivate Pay			amily Care			anaged Care			
Level of Care	No.	%	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	0/0	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				262	100.0	460	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	262	100.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt O	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		262	100.0		0	0.0		0	0.0		0	0.0		0	0.0		262	100.0

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	ions, Services,	and Activities as of 12,	/31/03
Deaths During Reporting Period							
		l			% Needing		Total
Percent Admissions from:		Activities of	용	As	sistance of	% Totally	Number of
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	8.4		55.0	36.6	262
Other Nursing Homes	0.0	Dressing	26.3		40.8	32.8	262
Acute Care Hospitals	3.7	Transferring	63.7		18.7	17.6	262
Psych. HospMR/DD Facilities	59.3	Toilet Use	43.5		36.6	19.8	262
Rehabilitation Hospitals	0.0	Eating	46.6		29.8	23.7	262
Other Locations	37.0	* * * * * * * * * * * * * * * * * * *	*****	*****	******	******	*****
Total Number of Admissions	27	Continence		용	Special Treatm	nents	용
Percent Discharges To:		Indwelling Or Externa	al Catheter	2.7	Receiving Re	espiratory Care	2.3
Private Home/No Home Health	0.0	Occ/Freq. Incontinent	t of Bladder	62.6	Receiving Tr	racheostomy Care	0.8
Private Home/With Home Health	0.0	Occ/Freq. Incontinent	t of Bowel	55.7	Receiving Su	actioning	1.1
Other Nursing Homes	0.0				Receiving Os	stomy Care	4.2
Acute Care Hospitals	0.0	Mobility			Receiving Tu	ibe Feeding	11.1
Psych. HospMR/DD Facilities	0.0	Physically Restrained	d	28.6	Receiving Me	chanically Altered Diet:	s 63.0
Rehabilitation Hospitals	0.0						
Other Locations	87.1	Skin Care			Other Resident	Characteristics	
Deaths	12.9	With Pressure Sores		1.1	Have Advance	e Directives	1.1
Total Number of Discharges		With Rashes		2.3	Medications		
(Including Deaths)	31	l			Receiving Ps	sychoactive Drugs	63.7

Selected Statistics: This FDD Facility Compared to Similar Facilities & Compared to All Facilities

	This Facility		FDD cilities		All ilties
	e actificy %	%	Ratio	° Fac	Ratio
ccupancy Rate: Average Daily Census/Licensed Beds	83.7	89.6	0.93	87 . 4	0.96
Current Residents from In-County	12.2	33.5	0.36	76.7	0.16
Admissions from In-County, Still Residing	3.7	11.3	0.33	19.6	0.19
Admissions/Average Daily Census	10.2	21.3	0.48	141.3	0.07
Discharges/Average Daily Census	11.7	25.0	0.47	142.5	0.08
ischarges To Private Residence/Average Daily Census	0.0	11.4	0.00	61.6	0.00
Residents Receiving Skilled Care	0.0	0.0	0.00	88.1	0.00
Residents Aged 65 and Older	5.0	15.3	0.32	87.8	0.06
Pitle 19 (Medicaid) Funded Residents	100.0	99.3	1.01	65.9	1.52
rivate Pay Funded Residents	0.0	0.5	0.00	21.0	0.00
Developmentally Disabled Residents	100.0	99.4	1.01	6.5	15.40
Mentally Ill Residents	0.0	0.3	0.00	33.6	0.00
eneral Medical Service Residents	0.0	0.3	0.00	20.6	0.00
Impaired ADL (Mean)*	44.3	53.1	0.83	49.4	0.90

50.1

11.0

1.27

0.97

57.4 1.11

7.3 1.47

63.7

10.7

Psychological Problems

Nursing Care Required (Mean) *